

# INVOICE

SAMANTHA RHINERSON

256-431-5324 | srhinerson99@outlook.com | 550 Amsonia Circle  
Guyton, GA 31312

## BILL TO:

Puerto Rico Chief Federal Monitor

**INVOICE NO:** 2022-05

**DATE:** May 31, 2022

DATE	DESCRIPTION	HOURS	RATE	AMOUNT
5/02/2022	2.0 hours of CMR-6 edits	2.0	\$50.00	\$100.00
5/03/2022	2.5 hours of CMR-6 edits and travel planning	2.5	\$50.00	\$125.00
5/04/2022	7.0 hours of travel planning and CMR-6 edits and calls	7.0	\$50.00	\$350.00
5/05/2022	4.5 hours of CMR-6 edits and calls and travel planning	4.5	\$50.00	\$225.00
5/6/2022	2.5 hours of CMR-6 edits and call	2.5	\$50.00	\$125.00

**AMOUNT DUE**

**SEE FOURTH  
PAGE**

I hereby certify that the amount billed in this invoice is true and correct in my capacity as a member of the Federal Monitoring Team. I further certify that I have not received any income, compensation, or payment for services rendered under a regular employment or contractual relationship with the Commonwealth, or any of its departments, municipalities or agencies.

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DATE	DESCRIPTION	HOURS	RATE	AMOUNT
5/8/2022	3.5 hours of CMR-6 edits	3.5	\$50.00	\$175.00
5/9/2022	4.0 hours of CMR-6 editing and team calls	4.0	\$50.00	\$200.00
5/11/2022	2.5 hours of CMR-6 edits and training compliance	2.5	\$50.00	\$125.00
5/12/2022	1.0 hour of check-in call and CMR-6	1.0	\$50.00	\$50.00
5/13/2022	3.5 hours of CMR-6 edits and travel planning	3.5	\$50.00	\$175.00

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5/14/2022	4.5 hours of CMR-6 edits and travel planning	4.5	\$50.00	\$225.00
5/15/2022	3.0 hours of CMR-6 edits and travel planning	3.5	\$50.00	\$175.00
5/20/2022	2.5 hours of travel planning and template	2.5	\$50.00	\$125.00
5/23/2022	1.0 hour of template development	1.0	\$50.00	\$50.00
5/24/2022	1.0 hour meeting planning and status update	1.0	\$50.00	\$50.00

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DATE	DESCRIPTION	HOURS	RATE	AMOUNT
5/25/2022	4.5 hours of status update and outcome assessments	4.5	\$50.00	\$225.00
5/29/2022	1.5 hour of travel planning and training compliance	1.5	\$50.00	\$75.00
5/31/2022	0.5 hour of CMR-6 comment compilation	0.5	\$50.00	\$25.00

**AMOUNT DUE**

**\$2,600.00**

I hereby certify that the amount billed in this invoice is true and correct in my capacity as a member of the Federal Monitoring Team. I further certify that I have not received any income, compensation, or payment for services rendered under a regular employment or contractual relationship with the Commonwealth, or any of its departments, municipalities or agencies.